North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS)

Advisory Committee

July 26, 2007 Meeting Minutes

Attendees

Member/Representatives:

Sharon Garrett	Vision Consulting
Robin Gravely	PBH
Connie Mele	Mecklenburg County Area MH, DD, SA Authority
Pamela Moye	The Guilford Center CFAC
Christy Pelletier	Coastal Horizons
Andy Smitley	Sandhills Center for MH, DD & SAS
LisaCaitlin Perri	The Durham Center
Dave Peterson	Wake LME
Diocles Wells	Southeastern Center

Guests:

Alan Bethke	RTI
John Bigger	SE Regional AHEC
Leatte Black	Eastpointe
Rich Bonfanti	Pathways LME
Rose-Ann Bryda	County of Cumberland MH Center
Amanda Cade	The Council on Quality and Leadership
Teresa Caudle	Crossroads
Margaret Clayton	Five County Mental Health Authority
Carol Council	RTI
Richard Edwards	Easter Seals UCP NC
Chris Egan	Developmental Disabilities Training Institute
Sherri Green	Consultant to NC DMHDDSAS
Paul Hismeh	Danya, Inc.
Sara McEwen	Governor's Institute on Alcohol and Substance Abuse
Paula Mauney	Southeastern Regional MHDDSAS
Brian Misenheimer	Five County Mental Health Authority
Anna North	Eastpointe
Tammy Powers	Southeastern Regional MHDDSAS
Jan Sisk	Mecklenburg County Area MH, DD, SA Authority
Janice Stroud	Citizen
Alison Parker	Innovation Research and Training, Inc.

Staff:

Sonya Brown	Justice Systems Innovations Team Leader, North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services (NC DMHDDSAS)
Spencer Clark	Assistant Chief, Community Policy Management Section, NC DMHDDSAS
Becky Ebron	Quality Management, NC DMHDDSAS

Sandy Ellsworth	Best Practice & Community Innovations, NC DMHDDSAS
Sarah Liles	Information Systems, NC DMHDDSAS
Jenny Wood	State Operated Services, NC DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI
Deena Murphy	NDRI
Lillian Robinson	NDRI

Meeting Convened at 10:03 a.m. with Self Introductions

DDTI – CQL Outcomes Training

- Chris Egan introduced himself and the Developmental Disabilities Training Institute (DDTI). His two handouts provide summary information on DDTI. DDTI is part of The University of North Carolina at Chapel Hill's School of Social Work. For further information interested parties can go to the Institute's website – www.unc.edu/depts/ddti .
- DDTI's core group of trainers can help organizations with various topics dealing with developmental disabilities (DD). The Institute's approximately 80 trainers foster improvements in services and supports to persons with DD and those with dual diagnosis of a DD and a mental health issue by developing the knowledge, attitudes and skills of staff and others involved in their lives. DDTI contracts with The Council on Quality and Leadership (CQL) to provide training support on CQL measures and outcomes. DDTI also works with the Division on several projects. For example, DDTI organizes and runs the statewide DD conference. The Institute offers the following training events:
  - Person Centered Thinking
  - Essential Lifestyle Planning – Facilitator
  - Personal Outcome and Individualized Support Measures Overview
  - Personal Outcome and Individualized Support Measures In-Depth Training
  - Crisis Planning and Management
  - Overview of Developmental Disabilities
  - CAP-MR/DD Medicaid Waiver Service
  - Targeted Case Management
  - Circle of Friends

  DDTI's work is person and family focused and person and family centered. Most training is conducted in person. Currently, the Institute is looking into developing more in depth online training with competency development and attainment.
- DDTI helps to prepare agencies for accreditation. They work with agencies to develop

reliable interviewers and yearly expectation on reliability. DDTI continues to participate in research in the field, particularly in Best Practices for DD. They look at various methods to show evidence of what is working or not working. DDTI supports research in finding concrete measures for person and family centeredness and other CQL outcome measures. DDTI's overall goal is to develop local expertise.

CQL Accreditation - The Council on Quality and Leadership

- Amanda Cade provided an introduction to CQL. (Contact Cawley@ndri-nc.org for his PowerPoint presentation.) She provided information on CQL's vision, mission and a history of how CQL moved to its integrated quality management perspective. CQL is an international not-for-profit organization dedicated to the definition, measurement and improvement of quality of life for people with disabilities and mental illness.
- CQL has developed six quality strategies that are the foundation for its Quality Measures 2005™:
  - Shared Values Alignment™
  - Basic Assurances™ Certification
  - Personal Outcome Measurement
  - Organizational Quality Improvement
  - CQL Accreditation
  - Community Life™
- Cade described the 21 Personal Outcome measures that are based on the context of the quality of life of the person receiving services. The model, domains and indicators were developed by using factor analysis on over 5,000 interviews. The 21 measures are grouped into 3 domains: my self; my world; and my dreams. Cade provided a handout with the 21 measures.
- Information Gathering Strategies were discussed. Personal outcome information is gotten from the person and from others who know the person. Cade noted that a person's perspective can be obtained even from those who do not talk.
- Shared Values and Basic Assurances need to be clear. Values require organizations to demonstrate actions and accomplishments. Values should be embedded within outcomes. Basic Assurances are not statements of intent, but are demonstrations of successful operations in the areas of health, safety and human security. There should be no gap between current practice and quality measures.
- Responsive Services are person focused, community focused, accountability focused and strategic focused. Responsive organizations are committed to building social capital and integrating these focuses for the benefit of the person.
- Community Life is about community connections, relationships and resources that support a person's quality of life. These are measured by looking at a person's housing, employment, health care, education, transportation, and social capital. Issues often found for individuals are centered on poverty, access to care and disenfranchisement.
- CQL's accreditation provides increased accountability to funders, the public and all other stakeholders by providing evidence on
  - Systems and practices that ensure that person-centered Basic Assurances™ are in place;

- Systems and supports that are developed are based on the desires and needs of the persons being served, are individualized, and will increase outcomes in individuals lives;
- Valid and reliable measures;
- A collaborative approach to external measurement of the quality of systems for support;
- A partnership for ongoing support during the term of the accreditation;
- Recognition of excellence and commitment to quality of Community Life™.

❖ CQL's accreditation is a four year term, with follow up visits at approximately 12 and 30 months. It is a partnership between CQL and the agency. During the review there is continual communication, observation of information gathering, joint decision making as a learning tool and discussions around priorities of the organization and its practices.

❖ What will CQL's accreditation do for an agency? It will:
- Ensure alignment between staff and organizational values and practices.
- Guarantee that Basic Assurances™ for health, safety and human security are in place and effective.
- Aid in the agency learning what is important to people receiving services.
- Assess responsiveness of the organization to people receiving services and the communities in which they operate and live.
- Challenge the organization to move from a provider of services to a bridge that assists people to engage in trusting and reciprocal relationship with other community members.

❖ Agencies interested in CQL accreditation can go to CQL's website – www.c-q-l.org and download information. With general questions contact Beth Mathis, bethamathis@aol.com or 1-410-499-6044. To request an accreditation application please call 1-410-583-0060 or download the application for Quality Measures 2005™ Application at the website. If you have specific questions about the application process or need assistance contact Tammi Odom, 1-443-415-7563 or email at TOdom@thecouncil.org. The application fee is $575.

❖ When asked about how NC-TOPPS could fit with the CQL accreditation, Cade responded that the personal interview aspect of NC-TOPPS is good and that NC-TOPPS measures could be folded into the CQL accreditation.

UCP-Easter Seals

❖ Richard Edwards from Easter Seals UCP North Carolina presented on "Measuring Outcomes as a Partner with CQL". (Contact Cawley@ndri-nc.org for his PowerPoint presentation.)

❖ Easter Seals UCP NC is one of the largest non-profit providers of community based services to persons with and without disabilities, providing a diverse array of services and supports across NC.

❖ This program has been nationally accredited with CQL since 2000. It is one of the first to partner with CQL in a four-year accreditation.

❖ Easter Seals UCP chose CQL for accreditation because:
- CQL's vision, mission and values are consistent with our agency;

- Of CQL's focus on outcomes versus process; and
- Of CQL's developmental model in accreditation.

- Our agency appreciates CQL's emphasis on the person versus program standards. CQL service action focuses on the person rather than the professional. CQL emphasizes programs being designed for the person rather than a person being assigned to a program. CQL emphasizes that performance expectations are defined by the person rather than by the program.
- Edwards noted that his agency uses CQL's Personal Outcomes on an aggregate level. The Personal Outcomes help his organization identify where supports may need improvements. Easter Seals uses Personal Outcomes data in concert with quality indicators to help drive its annual improvement goals.
- A major concern is with inter-rater reliability. Easter Seals has trained 11 interviewers with CQL staff. The trained interviewers mentor other interviewers in the field, but have found "slippage" between those directly trained by CQL and those trained by its staff. Easter Seals found a need for ongoing mentoring and better understanding of personal outcomes.
- What has Easter Seals learned by partnering with CQL?
  - Persons served and employees do not understand consumers' rights.
  - People are less likely to be satisfied with their level of community participation.
  - People are not realizing their goals or they are not attached to the goals being achieved.
- Edwards shared other observations based on questions asked. Easter Seals is constantly being challenged by CQL. The process is slow moving, but is becoming part of his agency's quality management process. The agency uses various focus groups to gather information. Management provides staff with quarterly updates on all data collection. They are incorporating the data into the quality improvement process cycle.

Developing Plan to Move DD under NC-TOPPS

- Cawley introduced Sandy Ellsworth from the NC Division of MHDDSAS Best Practice Team who is organizing a workgroup to look at gathering DD outcomes under NC-TOPPS. Ms. Ellsworth plans to be inclusive in who participates in the workgroup and in getting feedback from those in the DD arena.
- Attendees expressed concern on the timing of moving DD under NC-TOPPS. Clark shared that the Division will move forward at an appropriate pace to develop an acceptable outcome system under NC-TOPPS. He noted that the Division wants to develop a workable system for those in the field
- Members expressed the need to tie into SNAP. They hope that the Division is committed to a single outcome process.
- The Advisory Committee will be kept abreast of the DD workgroup's activity. If anyone present wants to participate on the workgroup, they should contact Ellsworth or herself.

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SFY 2007 End of Year Reports

- Craddock shared three handouts. Her first handout and discussion provided NC-TOPPS Annual Reports information. The second handout was the Adult Mental Health Consumers Statewide Matched Report. Her third handout shared the new provider page for each LME from the Adult Mental Health Matched Report. (For these handouts, please contact Cawley@ndri-nc.org)
- Craddock walked through her first handout.
  - The matched reports will match an NC-TOPPS Initial Interview from calendar year 2006 to the consumer's subsequent 3-month Update interview for Mental Health consumers. For Substance Abuse consumers, the matched reports will match an NC-TOPPS Initial Interview from calendar year 2006 to the consumer's subsequent 3-month Update interview or Episode Completion. The 2006 calendar year for Initial Interviews is being used because it takes at least 4 months for a 3-month Update Interview to get into the data stream and often Update Interviews lag beyond that point. This time frame allows a consumer who had an Initial Interview completed in December 2006 to have time for a 3-month Update and in the case of substance abuse consumers to have an Episode Completion.
  - Initial Interview Reports for SFY 2007 will include all Initial Interviews submitted during the fiscal year. She noted that the reports differ for each age/disability group. They have some questions in common, but some are different.
  - Statewide Matched Reports for the Five Age/Disability Groups. The matching procedure is explained in the first bullet under this handout discussion. She has completed these reports and they can be found online at http://nctopps.ncdmh.net/ then click on Feedback and Reporting.
  - Population Matched Reports. These reports are primarily for Division needs, but are available upon request. The reports have been done for the following IPRS Target Populations: AMSMI, AMSPI, AMDEF, AMPAT, ASCJO, ASDHH, ASDSS, ASDWI, ASHMT, ASHOM, ASWOM, CMMED, CMSED, and CSMAJ.
  - LME Matched Reports, the five Disability Groups for each of the 30 LMEs. These will be completed by August 30. These reports will be emailed to LME Directors by the Division asking them to review them and also notifying the Directors that these reports will be posted online for public access. These reports will also be put on LMEs Superuser accounts.
  - Maternal/Pregnant Reports, Special Cross-Sectional Format is due September 30. These reports are done for each of the Maternal/Pregnant programs. These programs go to the Division, its evaluation contractor and the individual programs. The statewide Maternal/Pregnant Report is completed.
  - Methadone Reports, Special Format is also due September 30. These reports are done for each of the Methadone programs and are provided to the Division and the methadone programs.
- Craddock then went through the statewide report pointing out items modified or new to this year's reports. Page ii of this template provides new information. For the statewide report it provides the number of matched consumers for each LME. On each LMEs report it lists the number of matched consumers for each provider in the LME.

- Her third handout provides the provider listing for each LME from the Adult Mental Health Matched Intake to 3-Month Update Report.

Danya Demonstration of Query System

- Paul Hismeh, Danya, presented on the NC-TOPPS Dashboard and Query System that Danya is developing to enhance access to NC-TOPPS data.
- The Dashboard system is a web-based application open to the public which provides summary information on select measures in visually appealing, at-a-glance displays. The NC-TOPPS Dashboard will be available to anyone with internet access. The Dashboard will provide information on State and LME data for 12 different measures. All reports are printer-friendly and have the capability to export to PDF.
  - The Dashboard measures include:
    - Abstinence from alcohol
    - Abstinence from all drugs, excluding alcohol
    - Employment status
    - Homelessness
    - Arrests
    - Social connectedness: participation in self help and support groups
    - Education
    - Emotional well being
    - Mental health symptoms
    - Social connectedness: relationship with family and friends
    - Suicidal thoughts
    - Consumer assessment of services helpfulness in improving
  - The Dashboard consists of selecting a:
    - measure,
    - time frame,
    - population group (statewide, state vs. LME) and
    - the Age/Disability group of interest (Adult Substance Abuse, Adult Mental Health, Adolescent Substance Abuse, Adolescent Mental Health and Child Mental Health).
- The Query system is accessible only by NC-TOPPS users with appropriate authorization. This web-based application will allow a user to run Crosstab queries and Consumer Outcome Reports. This system also will allow users to access queries provided by the state, save personalized queries and help on how to use the system.
  - Through the Crosstab query users will be able to create crosstabs of aggregated data from various data views. Data views include state, LME, provider or clinician level. Depending on user security level, users will be able to drill down from state data to clinician aggregated data. Queries can be saved, printed, or exported to MS Excel.
  - Clinicians will be able to run a consumer specific report that can be shared with the consumer. This report will run from the live NC-TOPPS database. After a clinician completes an NC-TOPPS Interview, she or he can run this report to show the consumer how they are doing on specified items, such as the consumer's GAF score, how symptoms impact daily activities and the consumer's perception of his or her emotional health. These reports are capable of displaying information from

the Initial Interview and the last two Update Interviews.

- Hismeh answered questions on training and timeline. He shared that training for users will be provided online and will be self-paced. The timeline for implementation is this fall. An exact date has not been set.

SFY 2008 Guidelines and Online Revisions Summary

- Cawley and Mindy handed out version 4.0 of the NC-TOPPS Guidelines that will be posted and emailed to LME directors today or early tomorrow morning. (Clark asked that all present not share until the Guidelines are posted on the Division's website.)
- Cawley noted that most revisions were shared at our April Advisory Meeting. She did point out two revisions that may not have been mentioned. One, based on feedback from Advisory members, we shortened the Episode Completion Interview when the consumer has died or has not returned within 60 days. Some items could not be dropped since they are required for the federal Treatment Episode Data Set (TEDS). The other change includes moving three items from part III of the Episode Completion and Update Interviews to part II. These included the following:
  - Community participation in support or self help groups
  - Consumer assessment of their mental health symptoms, and
  - If consumer is prescribed psychometric drugs.
- McNeely highlighted three parts of the Guidelines:
  - Section II, defining clinical home – whoever is the consumer's clinical home is responsible for completing NC-TOPPS Interviews
  - Section III, the need for a Substance Abuse Consumer Consent. Clark shared that this consent is needed for the division to be able to share NC-TOPPS data back to the authorizing LME.
  - Section IV, for whom NC-TOPPS Interviews are required – Medicaid and State-funded requirements are delineated separately.
- Clark shared that the Guidelines will be updated around October 1 to accommodate changes pertaining to full endorsement of providers and the new LME contract format.
- Attendees asked about having an administrative closure of consumers based on consumers being moved from one provider to another after a provider loses endorsement. Discussion ensued. Conversation also took place on how to deal with the movement of clinicians from one provider to another. Some wanted to have the LME Superuser help with moving (transferring) a consumer to a new clinician without closing the consumer out of NC-TOPPS. Clark also clarified when a NC-TOPPS Initial is expected to be done. That is, when a CDW admission has been completed and the consumer has had two paid service visits.

Other

- None

Wrap Up and Adjournment

- Meeting adjourned at 2:45 p.m.